

**STATE OF UTAH
INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901**

APPLICATION TO AMEND AGENCY LICENSE (NO REFUND)

. Adding a new line of authority to existing license is \$27.00. **There is no charge for other options.** The agency licensee shall, within 10 working days, notify the Commissioner of any change relative to the license. Please TYPE or PRINT legibly.

Type of amendment: ☐ adding designee(s) ☐ deleting designee(s)
☐ change in lines of authority ☐ change tax ID #
☐ name change
☐ other _____

1. Name of Agency _____

2. If name change, old name _____

3. FEIN # _____ 4. Utah License # _____ 5. State of Incorporation _____

6. Adding new Line of Authority. Please check all that you are applying for:

☐ Life ☐ Accident & Health ☐ Property Casualty ☐ Variable Contract ☐ Surplus Lines ☐ Workers Compensation
☐ Credit Life & Disability ☐ Involuntary Unemployment ☐ Travel ☐ Motor Club ☐ Legal Expense ☐ Rental Car
☐ Escrow ☐ Marketing ☐ Search

7. Have any of the persons named on this application (a) had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state; (b) had such license subjected to a monetary fine by any authority; (c) withdrawn any application, surrendered such a license to avoid disciplinary action?

☐ YES ☐ NO

If the answer to the above question is 'Yes', you must attach a dated & signed explanation and provide copies of orders and all pertinent documents.

8. List individuals to be added to or deleted from agency license (attach additional sheets if necessary):

ADD DELETE NAME SOCIAL SECURITY NUMBER (License number not acceptable)

☐ ☐ _____

☐ ☐ _____

☐ ☐ _____

10. I hereby certify that I am an owner, partner, or officer of this named agency. That all the information in this application is complete and true to the best of my knowledge and belief. I acknowledge that any misrepresentation or misstatement of facts shall be cause for revocation of this license. By signing this application, I hereby authorize the Commissioner to make inquiry of any person regarding this application.

By _____
Print Name Signature Title Date

CHANGE OF ADDRESS

Name of Agency _____

Business Address _____
Street Suite # City State Zip

Phone _____

Fax _____

E-Mail _____

Mailing Address _____
Street or PO Box City State Zip

Phone _____

Fax _____

E-Mail _____

Contact Name _____ Phone _____

List and obtain signatures of licensed individuals whose business and/or mailing address will be affected by agency address change. UDOI will not make the change to the individual license unless the individual producer has signed the form authorizing such change. (Attach additional sheets if necessary).

<u>NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>PRODUCER SIGNATURE</u>
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